# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/ 581061

**FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | | | | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | | | | | |

PTO - 1360 (REV. 11/04)

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